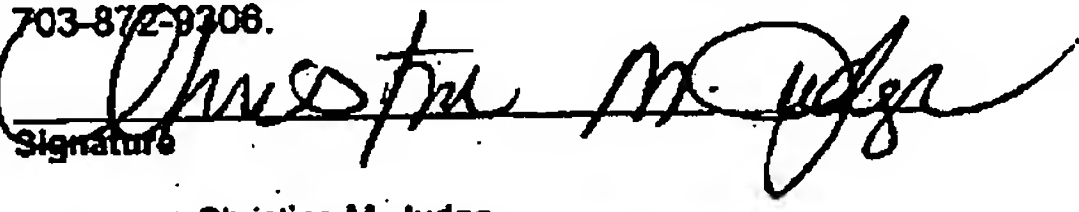


<b>AMENDMENT AND FEE TRANSMITTAL LETTER</b>			Docket No. 71542-0002		
Applicant(s): Todd W. DeBruyne					
Serial No. 10/605,505	Filing Date 10/03/03	Examiner Peter T. Devore		Group Art Unit 3751	
Invention: PARTIAL STROKE VALVE TEST APPARATUS					
<u>TO THE COMMISSIONER FOR PATENTS</u>				<b>RECEIVED</b> CENTRAL FAX CENTER <b>MAR 23 2005</b>	
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	36	40 =	0	x \$	\$0
INDEP. CLAIMS	5	4 =	1	x \$200	\$200
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$200.00</b>
<div style="display: flex; flex-direction: row;"><div style="flex: 1;"><p><input type="checkbox"/> No additional fee is required for amendment.</p><p><input type="checkbox"/> Applicant claims small entity status.</p><p><input checked="" type="checkbox"/> Please charge Deposit Account No. 50-2003 in the amount of \$200. A duplicate copy of this sheet is enclosed.</p><p><input type="checkbox"/> A check in the amount of \$ to cover the filing fee is enclosed.</p><p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-2003. A duplicate copy of this sheet is enclosed.</p><div style="margin-left: 20px;"><p><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p><p><input checked="" type="checkbox"/> Any patent application processing fees under 37 C.F.R. 1.17.</p></div></div><div style="flex: 1; text-align: right; padding-top: 20px;"><p>Dated: March 23, 2005</p></div></div>					
<div style="display: flex; align-items: center;"><div style="flex: 1;"><p>John E. McGarry, Reg. No. 22,369 McGARRY BAIR PC 171 Monroe Avenue, NW, Suite 600 Grand Rapids, Michigan 49503 616-742-3500</p></div><div style="flex: 1; padding-left: 20px;"><p>I certify that this document and fee is being transmitted by facsimile to the Patent and Trademark Office to Examiner Peter T. Devore, c/o Central Facsimile Number 703-872-9306.</p><div style="text-align: center;"><p>Christine M. Judge</p></div></div></div>					

G0162381

**MAR 23 2005****PATENT****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**Applicant:** TODD W. DEBRUYNE  
**For:** PARTIAL STROKE VALVE TEST APPARATUS  
**Serial No.:** 10/605,505 **Examiner:** Devore, Peter T.  
**Filed:** October 3, 2003 **Group Art Unit:** 3751  
**Atty. Docket:** 71542-0002 **Confirmation Number:** 2504

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))	
I hereby certify that this correspondence is, on the date shown below, being:	
<input type="checkbox"/> deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, Alexandria, VA, 22313-1450.	<input checked="" type="checkbox"/> transmitted by facsimile to the Patent and Trademark Office, to Examiner Peter T. Devore, c/o Central Facsimile Number 703-872-9306.
Date: <u>March 23, 2005</u>	 Signature Christine M. Judge (type or print name of person certifying)

Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

Sir:

**AMENDMENT AND RESPONSE TO OFFICE ACTION**

In response to the Office action mailed December 28, 2004, please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks** begin on page 8 of this paper.